

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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CITY OF SAN ANTONIO  
CITY CLERK  
2003 JAN 15 PM 1:03

FORM C/OH  
COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers) 00000001		2 Total pages this report:  1/6	
3 CANDIDATE / OFFICEHOLDER NAME	TITLE FIRST MI Christopher 'Chip' NICKNAME LAST SUFFIX Haass				<b>OFFICE USE ONLY</b>  Date Received   Date Hand-delivered or Date Postmarked   Receipt # Amount Date Processed Date Imaged
	4 CANDIDATE / OFFICEHOLDER ADDRESS  <input type="checkbox"/> Change of Address ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 171121 SAN ANTONIO TX 78217				
5 CAMPAIGN TREASURER NAME	TITLE FIRST MI Veronica NICKNAME LAST SUFFIX Garcia				
	6 CAMPAIGN TREASURER ADDRESS (Residence or business) STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 439 Cloverleaf SAN ANTONIO TX 78209				
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION ( ) -				
8 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)				
9 PERIOD COVERED	Month Day Year    THROUGH    Month Day Year 10/15/2002    12/31/2002				
10 ELECTION	ELECTION DATE Month Day Year 05/03/2003		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
11 OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT (if known) Other -- San Antonio City Cou - ncil 10		
13 DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	.. Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ..				
	Name				
	Address/PO Box; Apt. / Suite #; City; State; Zip Code				
<input type="checkbox"/> additional pages					
GO TO PAGE 2					

# CANDIDATE / OFFICEHOLDER REPORT SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

2003 JAN 15 PM 1:03

14 C/OH NAME

15 ACCOUNT # (Ethics Commission files)

16 NOTICE  
FROM  
POLITICAL  
COMMITTEE(S)

.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages

17 NO REPORTABLE  
ACTIVITY

☐ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

18 CONTRIBUTION  
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 45.00

2. TOTAL POLITICAL CONTRIBUTIONS  
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 1545.00

EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ 76.65

4. TOTAL POLITICAL EXPENDITURES

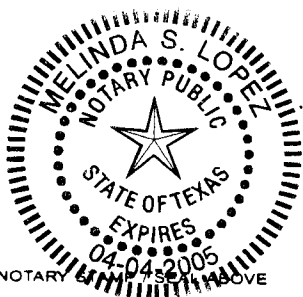
\$ 947.40

OUTSTANDING  
LOAN TOTALS

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 0.00

19 AFFIDAVIT



AFFIX NOTARY SEAL HERE

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*Christopher Haass*  
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said *Christopher Haass*, this the *15th* day of *January*, 2003, to certify which, witness my hand and seal of office.

*Melinda S. Lopez*

Signature of officer administering oath

*Melinda S. Lopez*

Printed name of officer administering oath

*Notary*

Title of officer administering oath

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS****SCHEDULE A 1**

(For Forms C/OH &amp; SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

**1** Total pages this report:  
3/6**2 FILER NAME**

Christopher 'Chip' Haass

**3 ACCOUNT #** (Ethics Commission filers)

00000001

**4** Date

12/01/2002

**5** Full name of contributor ☐ out-of-state PAC(ID# \_\_\_\_\_)  
Josephine B. Bradley**6** Contributor address; City; State; Zip Code  
1394 Hedges Avenue

Las Vegas NV 89123

**7** Amount of  
contribution (\$)

500.00

**8** In-kind contribution  
description (if applicable)**9** Principal occupation (Optional)  
Bank Analyst**10** Employer (Optional)

Date

12/01/2002

Full name of contributor ☐ out-of-state PAC(ID# \_\_\_\_\_)  
Mike ZieglerContributor address; City; State; Zip Code  
9800 Starcrest Drive

SAN ANTONIO TX 78219

Amount of  
contribution (\$)

1000.00

In-kind contribution  
description (if applicable)

Web site set-up

Principal occupation (Optional)  
Educator

Employer (Optional)

**LOANS****SCHEDULE E**

2003 JAN 15 PM 1:03

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages report: 4/6	
2 FILER NAME Christopher 'Chip' Haass		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 TOTAL OF UNITEMIZED LOANS:      ⇌⇌⇌⇌⇌		\$ 0.00	
5 Date of loan 10/15/2002	7 Name of lender <input type="checkbox"/> out-of-state PAC(ID# _____) Christopher 'Chip' Haass	9 Loan Amount (\$) 1000.00	
6 Is lender a financial Institution?  N	8 Lender address; City; State; Zip Code P.O. Box 171121  SAN ANTONIO TX 78217	10 Interest rate 0.0	
		11 Maturity date 10/15/2002	
12 Description of Collateral <input checked="" type="checkbox"/> none			
13 GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	14 Name of guarantor  15 Guarantor address; City; State; Zip Code		16 Amount Guaranteed (\$)
17 Principal Occupation		18 Employer	
Date of loan 12/15/2002	Name of lender <input type="checkbox"/> out-of-state PAC(ID# _____) Francis Landwermeier	Loan Amount (\$) 5000.00	
Is lender a financial Institution?  N	Lender address; City; State; Zip Code 125 West Whittier Street  SAN ANTONIO TX 78210	Interest rate 0.0	
		Maturity date 12/15/2005	
Description of Collateral <input checked="" type="checkbox"/> none			
GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	Name of guarantor  Guarantor address; City; State; Zip Code		Amount Guaranteed (\$)
Principal Occupation		Employer	

**POLITICAL EXPENDITURES****SCHEDULE F**

2003 JAN 15 PM 1:03

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages report: 5/6
2 FILER NAME Christopher 'Chip' Haass		3 ACCOUNT # (Ethics Commission filers) 00000001
4 Date 10/17/2002	5 Payee name City of San Antonio 6 Payee address; City; State; Zip Code P.O. Box 839975 SAN ANTONIO TX 78283-3975	7 Amount (\$) 48.54
8 Purpose of expenditure (See instructions regarding type of information required.) map		9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 12/10/2002	Payee name City of San Antonio Payee address; City; State; Zip Code P.O. Box 839975 SAN ANTONIO TX 78283-3975	Amount (\$) 10.00
Purpose of expenditure (See instructions regarding type of information required.) candidate packet		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 11/27/2002	Payee name Expressions Printing Payee address; City; State; Zip Code 1106 Austin Hwy SAN ANTONIO TX 78209	Amount (\$) 153.48
Purpose of expenditure (See instructions regarding type of information required.) PRINTING		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 11/18/2002	Payee name Office Max Payee address; City; State; Zip Code 255 East Basse SAN ANTONIO TX 78209	Amount (\$) 32.36
Purpose of expenditure (See instructions regarding type of information required.) office supplies		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

CITY OF SAN ANTONIO  
CITY CLERK**POLITICAL EXPENDITURES****SCHEDULE F**

2003 JAN 15 PM 1:03

The INSTRUCTION GUIDE explains how to complete this form.

**1** Total pages report:  
6/6**2** FILER NAME  
Christopher 'Chip' Haass**3** ACCOUNT # (Ethics Commission filers)  
00000001**4** Date  
11/18/2002**5** Payee name

Office Max

**7** Amount  
(\$)  
200.62**6** Payee address; City; State; Zip Code

255 East Basse

SAN ANTONIO TX 78209

**8** Purpose of expenditure (See instructions regarding type of  
information required.)  
office supplies**9** Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held**Date**  
10/25/2002**Payee name**

Zubiewear

**Amount**  
(\$)  
425.75**Payee address; City; State; Zip Code**

4430 Center Gate

San Antonio TX 78217

**Purpose of expenditure (See instructions regarding type of  
information required.)**  
printing**Complete if direct expenditure to benefit C/OH \*\***  
Candidate / Officeholder name Office sought Office held